

State of New Hampshire



RICHARD M. FLYNN
COMMISSIONER OF SAFETY

DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES
JAMES H. HAYES SAFETY BUILDING
10 HAZEN DRIVE, Concord, NH 03305
TDD Access: Relay NH 1-800-735-2964

VIRGINIA C. BEECHER
DIRECTOR OF MOTOR VEHICLES

CERTIFICATION OF NAME CHANGE

I DO HEREBY CERTIFY THAT I HAVE CHANGED MY NAME FROM:

(PRINT FORMER NAME) TO _____
(PRINT NEW NAME)

(DATE OF BIRTH) _____
(ADDRESS)

MAKE OF VEHICLE _____ YEAR _____ BODY STYLE _____

VEHICLE IDENTIFICATION NUMBER _____

SUBSCRIBED BY ME UNDER THE PENALTIES OF UNSWORN FALSIFICATION

AT _____ THIS THE _____ DAY OF _____
20 _____ .

(SIGNATURE)

DIVISION OF MOTOR VEHICLES
BUREAU OF TITLE & ANTI-THEFT
JAMES H. HAYES SAFETY BUILDING
10 HAZEN DRIVE, CONCORD, NH 03305
TELEPHONE INQUIRIES: (603) 271-3111

PENALTY:

A PERSON WHO, WITH FRAUDULENT INTENT, USES A FALSE OR FICTITIOUS NAME OR ADDRESS, OR MAKES A MATERIAL FALSE STATEMENT, OR FAILS TO DISCLOSE A SECURITY INTEREST, OR CONCEALS ANY OTHER MATERIAL FACT, IN AN APPLICATION FOR A CERTIFICATE OF TITLE, OR IN ANY PROOF OR STATEMENT IN WRITING IN CONNECTION THEREWITH, SHALL BE GUILTY OF A CLASS B FELONY IF A NATURAL PERSON, OR GUILTY OF A FELONY IF ANY OTHER PERSON (RSA 262:1,I).